



An Anthem Company

Behavioral health quick reference benefit grid

Benefit	Medicaid and Medicaid Supplemental Security Income (SSI)	Health and Recovery Plan (HARP)	Child Health Plus (CHPlus)	Essential Plan	Foster Care
Outpatient mental health (OPMH)	Covered: No authorization required for participating (par) provider.	Covered: No authorization required for par provider.	Covered: No authorization required for par provider.	Covered: No authorization required for par provider.	Covered: No authorization required for par provider.
Harm reduction services	Covered: No authorization required for par provider.	Covered: No authorization required for par provider.	Not covered	Not covered	Covered: No authorization required for par provider.
Child and family treatment support services (CFTSS); family peer support, community psychiatric and supports treatment (CPST), other licensed practitioner (OLP); psychosocial rehabilitation (PSR)	Covered: No authorization required for par provider.	Not covered	Not covered	Not covered	Covered: No authorization required for par provider.

<https://providerpublic.empireblue.com>

Empire BlueCross BlueShield HealthPlus is the trade name of HealthPlus HP, LLC, an independent licensee of the Blue Cross and Blue Shield Association.

To learn more about applying for health insurance, including Medicaid, Child Health Plus, Essential Plan, and Qualified Health Plans through NY State of Health, The Official Health Plan Marketplace, visit nystateofhealth.ny.gov or call 855-355-5777.

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OPMH home visits	Covered: Bridge on discharge must be authorized, based on medical necessity (MN). Licensed behavioral health provider visits do not require authorizations.	Covered: Bridge on discharge must be authorized, based on MN. Licensed behavioral health provider visits do not require authorizations.	Covered: Bridge on discharge must be authorized, based on MN. Licensed behavioral health provider visits do not require authorizations.	Covered: Bridge on discharge must be authorized, based on MN. Licensed behavioral health provider visits do not require authorizations.	Covered: Bridge on discharge must be authorized, based on MN. Licensed behavioral health provider visits do not require authorizations.
Children’s home- and community-based services (HCBS)	Covered: Must be authorized, based on care plan review.	Not covered	Not covered	Not covered	Covered Must be authorized, based on care plan review
Psych testing	Covered: Must be authorized, based on MN.	Covered: Must be authorized, based on MN.	Covered: Must be authorized, based on MN.	Covered: Must be authorized, based on MN.	Covered: Must be authorized, based on MN.
Applied behavior analysis (ABA) services	Not covered	Not covered	Covered: Requires authorization.	Covered: Requires authorization.	Not covered
Transcranial magnetic stimulation (TMS) services	Covered: Requires authorization.	Covered: Requires authorization.	Covered: Requires authorization.	Covered: Requires authorization.	Covered: Requires authorization.

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Outpatient (OP) substance use services	Covered: No authorization required for participating providers.	Covered: No authorization required for participating providers.	Covered: No authorization required for participating providers.	Covered: No authorization required for participating providers.	Covered: No authorization required for participating providers.
OP ambulatory detox	Covered: Does not require authorization. No preauthorization for par providers.	Covered: Does not require authorization. No preauthorization for par providers.	Covered: Does not require authorization. No preauthorization for par providers.	Covered: Does not require authorization. No preauthorization for par providers.	Covered: Does not require authorization. No preauthorization for par providers.
Opioid Treatment program (previously known as Methadone Maintenance)	Covered: Office of Alcoholism and Substance Abuse Services (OASAS)-licensed facility — No authorization required for par providers.	Covered: OASAS-licensed facility — No authorization required for par providers.	Not covered	Covered: OASAS-licensed facility — No authorization required for par providers.	Covered: Office of Alcoholism and Substance Abuse Services (OASAS)-licensed facility — No authorization required for par providers.

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Inpatient (IP) psychiatric	Covered: Based on MN. Requires authorization; requires concurrent review. Members under age18: notification within 48 hours (INN providers). If notified, no medical necessity reviews for 14 days. Concurrent reviews after 14 days. Out-of-network providers (OON) and INN providers who do not notify within 48 hours will require authorization.	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review. Members under age18: notification within 48 hours (INN providers). If notified no medical necessity reviews for 14 days. Concurrent reviews after 14 days. OON and INN providers who do not notify within 48 hours will require authorization.	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization; requires concurrent review. Members under age18: notification within 48 hours (INN providers). If notified no medical necessity reviews for 14 days. Concurrent reviews after 14 days. OON and INN providers who do not notify within 48 hours will require authorization.

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IP detox	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified, authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified, authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.

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IP substance use disorder (SUD) rehabilitation	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified, authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified, authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.
Electroconvulsive therapy (ECT)	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.	Covered: Based on MN. Requires authorization and concurrent review.
Psychiatric Partial Hospitalization Program (PHP)	Covered: Requires authorization.	Covered: Requires authorization.	Covered: Requires authorization.	Covered: Requires authorization.	Covered: Requires authorization.

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Mental health and substance use intensive outpatient (IOP)	Covered: Requires authorization and concurrent review.	Covered: Requires authorization and concurrent review.	Covered: Requires authorization and concurrent review.	Covered: Requires authorization and concurrent review.	Covered: Requires authorization and concurrent review.
Intensive psychiatric rehabilitation treatment (IPRT)	Covered: Requires authorization.	Covered: Requires authorization.	Not covered	Not covered	Covered: Requires authorization.
Day treatment	Covered: Requires authorization.	Covered: Requires authorization.	Not covered	Not covered	Covered: Requires authorization.
Assertive community treatment (ACT)	Covered: Requires authorization.	Covered: Requires authorization.	Not covered	Not covered	Covered: Requires authorization.
Personalized recovery oriented services (PROS)	Covered: Requires authorization.	Covered: Requires authorization.	Not covered	Not covered	Covered: Requires authorization.

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SUD OP rehab services	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified, authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified, authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.	Not covered	Not covered	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.
Health home care coordination and management	Covered:	Covered:	Not covered	Not covered	Covered:
Behavioral health home- and community-based services (HCBS)	Not covered	covered	Not covered	Not covered	Not covered
Emergency room (ER)	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.

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Screening, brief intervention, and referral to treatment for chemical dependence (SBIRT)	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.
Comprehensive Psychiatric Emergency Program (CPEP) (services need to be billed as CPEP)	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.
Mobile crisis services	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.	Covered: No authorization required.
Residential eating disorder	Not covered	Not covered	Not covered	Covered: Requires authorization.	Not covered

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Residential rehabilitation services for SUD	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified, authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified, authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.	Not covered	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.	Covered: Based on MN. INN providers should notify within 48 hours with the required clinical. If notified authorizations not required for 28 days. OON and INN who do not notify require authorization and concurrent review.
Children’s Crisis Residence	Covered for members less than 21: Notification required	Not Covered:	Not covered	Not covered	Covered for members less than 21: Notification required
Residential Crisis Support	Covered for members 18 and above: Notification required	Covered: Notification required	Not covered	Not covered	Covered for members 18 and above: Notification required

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Intensive Crisis Residence	Covered for members 18 and above: Notification required	Covered: Notification required	Not covered	Not covered	Covered for members 18 and above: Notification required
29-I Health Facilities	Not covered	Not covered	Not covered	Not covered	Covered: Out of network requires authorization